

Law enforcement uses this form to interview police and social services to conduct a background check of all people in contact with the infant in the 24 hours prior to his/her death. Fill this section out for each person in contact with the infant in the 24 hours prior to death (see "Contact History" section). Get information from asking caregiver, checking records with child protective services and police.

T. POLICE AND SERVICE ENCOUNTERS

Infant's last name

First name

1 What is the name of the person being investigated?

First name Last name

2 What is this person's relationship to deceased infant?

3 Has the person being investigated ever had contact(s) with police?

☐ Yes ☐ No → Skip to question **6** below

4 Total number of contacts with police:

number of contacts

5 Please, list up to three *most recent* contacts with police:

Date contacted	Reason for contact	Outcome
1) <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	<input type="text"/>	<input type="text"/>
2) <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	<input type="text"/>	<input type="text"/>
3) <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	<input type="text"/>	<input type="text"/>

6 Has the person being investigated ever had contact(s) with social services? (e.g. Child Protective Services)

☐ Yes ☐ No → STOP

7 Total number of contacts with social services:

number of contacts

8 Please, list up to two most recent contacts with social services:

Date first contacted	Date last contacted	Case worker	Reason for contact	Outcome
1) <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	<input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	<input type="text"/> Name <input type="text"/> Agency	<input type="text"/>	<input type="text"/>
2) <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	<input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	<input type="text"/> Name <input type="text"/> Agency	<input type="text"/>	<input type="text"/>

Section completed on / / at by

Where/How